

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046344

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3377

FILE NO. NOV 20 1963

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Lemay | | c. CITY OR TOWN Lemay | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 129 West Velma Avenue | | d. STREET ADDRESS (If outside, give location) 129 West Velma Avenue | |

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| 3. NAME OF DECEASED (Type or print) Arthur Frank Fendler | | | 4. DATE OF DEATH Month November Day 3 Year 1963 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/11/1890 | 9. AGE (last birthday) 73 | IF UNDER 1 YEAR Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME John C. Fendler | 13b. MOTHER'S MAIDEN NAME Louisa Kuhn | 14. NAME OF HUSBAND OR WIFE Margaret |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Arthur Fendler 28205 Plymouth, Livonia, Mich. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Chronic Myocarditis 2 years DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
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| 21. I attended the deceased from 10-30-63 to Nov 3 63 and last saw her alive on Nov 2, 1963 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE John B. Conroy D.O. | 22b. ADDRESS 9612 S. Broadway | 22c. DATE SIGNED Nov 5, 1963 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov. 7, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | 23d. LOCATION (City, town, or county) Lemay, Missouri |
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| 24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries | 25. DATE RECD. BY LOCAL REG. 11-5-63 | 26. REGISTRAR'S SIGNATURE John B. Conroy M.D. |
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| 7814 So. Broadway St. Louis, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

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| VS 300 Rev. 4/59 | DATE AMENDED |
| 1 4000 | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS |
| 2 4000 | |
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INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John L. Dennehy

Licensed Embalmer No.

4194

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Dr. Crawford
9612 So. Broadway

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